## Case 18-20458 Doc 1 Filed 07/22/18 Entered 07/22/18 20:02:44 Desc Main Document Page 1 of 49

| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | -                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ☐ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ■ Chapter 13                  | Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| t 1: Identify Yourself  |   |   |   |
|---|---|---|---|
|   | About Debtor 1:   |   | About Debtor 2 (Spouse Only in a Joint Case):   |
| Your full name  |   |   |   |
| Write the name that is on   | Sheryl  |   |   |
| your government-issued picture identification (for example, your driver's   | First name  |   | First name  |
| license or passport).   | Middle name   |   | Middle name   |
| Bring your picture  | Dixon   |   |   |
| identification to your meeting with the trustee.  | Last name and Suffix (Sr., Jr., II, III)  |   | Last name and Suffix (Sr., Jr., II, III)  |
|   |   |   |   |
| All other names you have used in the last 8 years   |   |   |   |
| Include your married or maiden names.   |   |   |   |
| Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1485   |   |   |
|   | Your full name  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  Dixon  Last name and Suffix (Sr., Jr., II, III)  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number  Xheryl  First name  Dixon  Last name and Suffix (Sr., Jr., II, III) | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  Dixon  Last name and Suffix (Sr., Jr., II, III)  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number  About Debtor 1:  Sheryl  First name  Middle name  Dixon  Last name and Suffix (Sr., Jr., II, III) |

Entered 07/22/18 20:02:44 Page 2 of 49 Case 18-20458 Doc 1 Filed 07/22/18 Desc Main Document

Case number (if known)

Debtor 1 Sheryl Dixon

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs   |
| 5. | Where you live   |   | If Debtor 2 lives at a different address:  |
|    |  | 5454 South Shore Dr. Apt. 1124 Chicago, IL 60615 Number, Street, City, State & ZIP Code  Cook County  | Number, Street, City, State & ZIP Code  County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for bankruptcy  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                    | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.           |
|    |  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |
|    |  |   |  |

Case 18-20458 Doc 1 Filed 07/22/18 Entered 07/22/18 20:02:44 Desc Main Document Page 3 of 49

Debtor 1 Sheryl Dixon Page 3 of 49 Case number (if known)

| Par | t 2: Tell the Court About   | Your B     | Bankruptcy Ca  | ise                                       |   |  |         |
|-----|---|------------|----------------|---|---|--|---------|
| 7.  | The chapter of the Bankruptcy Code you are  |            |                |   | of each, see <i>Notice Required by</i> page 1 and check the appropria | 11 U.S.C. § 342(b) for Individuals Filing for Bankru<br>te box.  | uptcy   |
|     | choosing to file under  | □с         | hapter 7       |   |   |  |         |
|     |   | □с         | hapter 11      |   |   |  |         |
|     |   | □с         | hapter 12      |   |   |  |         |
|     |   | <b>■</b> C | hapter 13      |   |   |  |         |
|     |   |            |                |   |   |  |         |
| 3.  | How you will pay the fee  |            | about how yo   | u may pay. Typio<br>attorney is subm      | cally, if you are paying the fee y                                    | ck with the clerk's office in your local court for more<br>ourself, you may pay with cash, cashier's check, or<br>alf, your attorney may pay with a credit card or che | r money |
|     |   |            |                |   | <b>Allments.</b> If you choose this opti (Official Form 103A).        | on, sign and attach the Application for Individuals t  | to Pay  |
|     |   |            | Ū              |   | ,   | n only if you are filing for Chapter 7. By law, a judg   | ge may, |
|     |   |            | applies to you | ur family size and                        | d you are unable to pay the fee i                                     | our income is less than 150% of the official poverty<br>in installments). If you choose this option, you must<br>cial Form 103B) and file it with your petition.       |         |
|     |   |            |                |   |   |  |         |
| ð.  | Have you filed for bankruptcy within the  | ■ No       |                |   |   |  |         |
|     | last 8 years?   | □ Ye       |                |   | 140   |  |         |
|     |   |            | District       |   |   | Case number  |         |
|     |   |            | District       |   | When  | Case number  |         |
|     |   |            | District       |   | When  | Case number  |         |
| 10. | Are any bankruptcy  | ■ No       | 0              |   |   |  |         |
|     | cases pending or being filed by a spouse who is                                       | □ Ye       |                |   |   |  |         |
|     | not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? |            |                |   |   |  |         |
|     |   |            | Debtor         |   |   | Relationship to you  |         |
|     |   |            | District       |   | When  | Case number, if known  |         |
|     |   |            | Debtor         |   |   | Relationship to you  |         |
|     |   |            | District       |   | When  | Case number, if known  |         |
|     |   |            |                |   |   |  |         |
| 11. | Do you rent your residence?   | ■ No       | o. Go to I     | ine 12.                                   |   |  |         |
|     |   | □ Ye       | es. Has yo     | ur landlord obtai                         | ned an eviction judgment agains                                       | st you?  |         |
|     |   |            |                | No. Go to line 1                          | 2.  |  |         |
|     |   |            |                | Yes. Fill out <i>Init</i> this bankruptcy |   | Judgment Against You (Form 101A) and file it as p  | oart of |
|     |   |            |                |   |   |  |         |

Case 18-20458 Doc 1 Filed 07/22/18 Entered 07/22/18 20:02:44 Desc Main Document Page 4 of 49

Case number (if known) **Sheryl Dixon** Debtor 1 Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor ■ No. Go to Part 4. of any full- or part-time business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate 13. Are you filing under Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed? For example, do you own perishable goods, or livestock that must be fed, Where is the property?

Number, Street, City, State & Zip Code

or a building that needs urgent repairs?

Debtor 1 Sheryl Dixon Document Page 5 of 49 Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 49 Case number (if known) Debtor 1 **Sheryl Dixon** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Signature of Debtor 2

/s/ Sheryl Dixon

Sheryl Dixon Signature of Debtor 1

Debtor 1 Sheryl Dixon Page 7 of 49 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Chad N     | /l. Hayward            | Date          | July 22, 2018            |
|----------------|------------------------|---------------|--------------------------|
| Signature of   | f Attorney for Debtor  |               | MM / DD / YYYY           |
| Chad M. H      | layward 6280182        |               |                          |
| Printed name   |                        |               |                          |
| Chad M. H      | layward                |               |                          |
| Firm name      | •                      |               |                          |
| 50 S Main      |                        |               |                          |
| Ste. 200       |                        |               |                          |
| Naperville     | e, IL 60540            |               |                          |
|                | City, State & ZIP Code |               |                          |
| Contact phone  | 312-867-3640           | Email address | ch@haywardlawoffices.com |
| 6280182 IL     | L                      |               |                          |
| Bar number & S | state                  |               | <del></del>              |

|                     |                          | DOCUM             | <u>-111 Paue 8 01 49</u> |                       |
|---------------------|--------------------------|-------------------|--------------------------|-----------------------|
| Fill in this infor  | mation to identify your  | case:             |                          |                       |
| Debtor 1            | Sheryl Dixon             |                   |                          |                       |
|                     | First Name               | Middle Name       | Last Name                |                       |
| Debtor 2            |                          |                   |                          |                       |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name                |                       |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS              |                       |
| Case number         |                          |                   |                          |                       |
| (if known)          |                          |                   |                          | ☐ Check if this is an |
|                     |                          |                   |                          | amended filing        |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Pa | t 1: Summarize Your Assets   |             |                               |
|----|--|-------------|-------------------------------|
|    |  | Your a      | ssets<br>If what you own      |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B   | \$          | 203,000.00                    |
|    | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 6,656.00                      |
|    | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 209,656.00                    |
| Pa | t 2: Summarize Your Liabilities  |             |                               |
|    |  |             | <b>abilities</b><br>t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 20,614.95                     |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$          | 0.00                          |
|    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 313.00                        |
|    | Your total liabilities   | \$          | 20,927.95                     |
| Pa | t 3: Summarize Your Income and Expenses  |             |                               |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 4,775.00                      |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 4,315.00                      |
| Pa | t 4: Answer These Questions for Administrative and Statistical Records   |             |                               |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | r other sch | nedules.                      |
| 7. | ■ Yes What kind of debt do you have?   |             |                               |
|    | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a   | personal,   | family, or                    |

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

Debtor 1 Sheryl Dixon Document Page 9 of 49
Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_6,711.32

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

|                | n this informa                      | tion to identify                   | your case and th              |                |  | 10 of 49             |   |   |                          |   |
|----------------|-------------------------------------|------------------------------------|-------------------------------|----------------|--|----------------------|---|---|--------------------------|---|
| Debt           | or 1                                | Sheryl Dixor                       |                               |                |  |                      |   |   |                          |   |
| Debt<br>(Spous | or 2<br>se, if filing)              | First Name                         |                               | Name<br>Name   | Last Name  |                      |   |   |                          |   |
| Unite          | ed States Bank                      | cruptcy Court for                  | the: NORTHER                  | N DISTI        | RICT OF ILLINOIS   |                      |   |   |                          |   |
|                | e number                            |                                    |                               |                |  |                      |   |   |                          | Check if this is an amended filing  |
| Sc<br>n eac    | hedule                              |                                    | roperty escribe items. List a |                | only once. If an asset fi  |                      |   |   |                          |   |
| nform<br>Answe | nation. If more ser every question  | space is needed, a<br>on.          | attach a separate sl          | neet to th     | married people are filing<br>is form. On the top of ar<br>Estate You Own or Have   | ny additional pages  |   |   |                          |   |
| 1.1            |                                     |                                    |                               |                |  |                      |   |   |                          |   |
| _              | 6900 S. Woo<br>Street address, if a | odlawn<br>available, or other desc | cription                      | What<br>□<br>■ | Duplex or multi-unit build   | ling                 | the amount  | of any secure   | d clain                  | r exemptions. Put<br>ns on <i>Schedule D:</i><br>cured by <i>Property</i> .           |
| -              |                                     |                                    | 60637-0000<br>ZIP Code        |                | Single-family home   | ing<br>ative<br>nome | Current valuentire properties the same that | of any secured ho Have Clair use of the erty?  3,000.00  e nature of ye simple, tensu), if known. | cur<br>cur<br>cur<br>cur | ns on <i>Schedule D:</i>  |
| -              | Street address, if a                | available, or other dese           | 60637-0000                    |                | Single-family home Duplex or multi-unit build Condominium or coopera Manufactured or mobile Land Investment property Timeshare Other | operty? Check one    | Current valentire properties the simple Check (see insti  | of any secure the Have Clair use of the erty? 3,000.00 e nature of ye simple, tensor, if known.   | Cur<br>port              | rent value of the tion you own? \$203,000.00 whereship interest by the entireties, or |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

■ No

☐ Yes

| D  | ebtor 1         | Sheryl Dixon   | Document   | Page 1          | L1 of 49<br>Case numb      | er (if known)  |  |
|----|-----------------|--|--|-----------------|----------------------------|----------------|--|
|    |                 | aft, aircraft, motor homes, A  | ATVs and other recreational versional watercraft, fishing vessels, s |                 | vehicles, and access       | ories          |  |
|    | ■ No            |  |  |                 |                            |                |  |
|    | ☐ Yes           |  |  |                 |                            |                |  |
|    | <b>—</b> 100    |  |  |                 |                            |                |  |
| 5  | Add the pages y | dollar value of the portion<br>ou have attached for Part 2                                     | you own for all of your entries<br>. Write that number here          | from Part 2,    | including any entries      | s for<br>=>    | \$0.00   |
|    |                 | cribe Your Personal and Hous   |  |                 |                            |                |  |
|    | ·               | , , ,  | table interest in any of the follo                                   | wing items?     | ?                          |                | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 6. | Example  ☐ No   | old goods and furnishings as: Major appliances, furniture Describe                             | e, linens, china, kitchenware  |                 |                            |                |  |
|    | <b>—</b> 103.   | Describe   |  |                 |                            |                |  |
|    |                 | Bedroom  | set, living room set   |                 |                            |                | \$500.00   |
| 7. | □ No            | es: Televisions and radios; au   | dio, video, stereo, and digital equ<br>neras, media players, games   | ipment; com     | puters, printers, scanno   | ers; music co  | llections; electronic devices  |
|    |                 | (2) televis  | sions, DVD player, compute   | r, smart ph     | none                       |                | \$800.00   |
| 8. | Example  No     | oles of value es: Antiques and figurines; pa other collections, memora                         | intings, prints, or other artwork; b<br>bilia, collectibles          | ooks, picture   | es, or other art objects;  | stamp, coin, o | or baseball card collections;  |
| 9. | Example<br>No   | ent for sports and hobbies<br>es: Sports, photographic, exe<br>musical instruments<br>Describe | rcise, and other hobby equipment                                     | ;; bicycles, po | ool tables, golf clubs, sl | kis; canoes a  | nd kayaks; carpentry tools;  |
| 10 | ■ No            |  | ammunition, and related equipme                                      | nt              |                            |                |  |
| 11 | □ No            |  | eather coats, designer wear, shoe                                    | s, accessorie   | es                         |                |  |
|    |                 |  |  |                 |                            | _              |  |
| _  |                 | Clothes  |  |                 |                            |                | \$200.00   |
|    |                 |  |  |                 |                            |                |  |

☐ Yes. Describe.....

|   |  | Case 18-2  | 20458  | Doc 1  | Filed 07/22/18   | Entered 07/22/18 20:02:4   | 4 Desc Main   |
|---|--|--|--|--|--|--|---|
| Deb   | otor 1   | Sheryl Dixor   | n  |  | Document   | Page 12 of 49 Case number (if known)   | own)  |
|   | Exampl<br>No   | rm animals  eles: Dogs, cats,  Describe  | birds, hor   | rses   |  |  |   |
|   |  |  | Dog, C   | Cat  |  |  | \$25.00   |
|   | No   | ner personal an  |  | _  | ou did not already list,   | including any health aids you did not li   | st  |
| 15.   |  |  | •  |  | rom Part 3, including a  | any entries for pages you have attached  | \$1,525.00  |
| Part  | 4: Des   | scribe Your Finan  | cial Asset   | s  |  |  |   |
| Do  | you ow   | n or have any l  | egal or e  | quitable inter   | rest in any of the follow  | ving?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|   | No   |  |  |  | our home, in a safe dep  | oosit box, and on hand when you file your p  | petition  |
| 17.   |  |  |  |  | al accounts; certificates counts with the same in:   | of deposit; shares in credit unions, brokers   | age houses, and other similar   |
|   | I No<br>I Yes  |  | •  | . o manipio do   | Institution  | ·  |   |
|   |  |  | 17.1.  | Checking   | Institution PNC Bar  | name:  | \$131.00  |
|   |  |  |  | ·  |  | name:  | \$131.00  |
| 18.   | Yes  | mutual funds,  | 17.2.<br>or public   | Checking Savings   | PNC Bar  | name:  | <u> </u>  |
| 18.   | Yes  Bonds,  Example   | mutual funds,  | 17.2.<br>or public   | Checking Savings   | PNC Bar PNC Bar cks vith brokerage firms, mo   | name:  | <u> </u>  |
| 18.   | ■ Yes  Bonds,  Examp.  No  Yes   | mutual funds, vles: Bond funds,  | 17.2.<br>or public<br>, investme   | Checking  Savings  Ely traded stooent accounts we institution or in  | PNC Bar PNC Bar  cks vith brokerage firms, mo  | name:  | \$0.00  |
| 18.   | Bonds, Examp. No Yes Non-pu joint ve   | mutual funds, vles: Bond funds,  | 17.2.  or public, investment ock and   | Checking  Savings  Ely traded storent accounts we institution or institution or institution in the country of t | PNC Bar  PNC Bar  cks  with brokerage firms, mossuer name:  ncorporated and uninc  | name:  nk  nk  ney market accounts   | \$0.00  |
| 18.   19.   | Bonds, Examp. No Yes Non-pu joint ve No Yes No Yes No No-pu No   | mutual funds, whes: Bond funds, which the standard standard which the standard stand | or public, investments and formation Nar orate bore include perior are formation a                 | Savings  Ely traded storent accounts we interests in interests in interests in interests in interests and other personal check those you can about them  | PNC Bar  PNC Bar  PNC Bar  cks  with brokerage firms, mo  ssuer name:  ncorporated and uninc  r negotiable and non-r  ks, cashiers' checks, pro  | name:  nk  ney market accounts  corporated businesses, including an interest accounts  | \$0.00  |
| 18.   19.   | Bonds, Examp. No Yes Non-pu joint ve No Yes No Yes No No-pu No   | mutual funds,  bles: Bond funds,  blicly traded stenture  Give specific informent and corporable instruments  egotiable instruments  | or public, investments and formation Nar orate bore include prenents are formation a               | Savings  Ely traded storent accounts we interests in irrepresentation or is about them me of entity:  Inds and other personal check those you can  | PNC Bar  PNC Bar  PNC Bar  cks  with brokerage firms, mo  ssuer name:  ncorporated and uninc  r negotiable and non-r  ks, cashiers' checks, pro  | name:  nk  nk  ney market accounts  corporated businesses, including an interpretation of ownership:  negotiable instruments omissory notes, and money orders. | \$0.00  |
| 18.   19. | Bonds, Examp. Non-pu joint ve No Yes Non-pu joint ve No Yes. Regotia Non-ne No Yes. ( Retirem Examp. | mutual funds,  bles: Bond funds,  blicly traded stenture  Give specific informent and corporable instruments  egotiable instrum  Give specific informent or pension  | or public, investments and formation Narrorate bore include perents are to prent account IRA, ERIS | Checking  Savings  Ely traded storent accounts we interests in interes | PNC Bar  PNC Bar  cks with brokerage firms, mossuer name: ncorporated and unincomporated and unincomposite and u | name:  nk  nk  ney market accounts  corporated businesses, including an interpretation of ownership:  negotiable instruments omissory notes, and money orders. | \$0.00  |

Doc 1 Filed 07/22/18 Entered 07/22/18 20:02:44 Desc Main Case 18-20458 Page 13 of 49

Case number (if known) Document

Debtor 1 **Sheryl Dixon** 

|    |   | 401(k)   | Ulmer & Berne   |   | \$5,000.00  |
|----|---|--|---|---|---|
| 22 | Examples: Agreeme   | used deposits you have mad   | e so that you may continue service<br>ent, public utilities (electric, gas, wat | or use from a company ter), telecommunications companies, | or others   |
|    | ■ No □ Yes  |  | Institution name or indivi  | dual:   |   |
| 23 | Annuities (A contract ■ No □ Yes                              | et for a periodic payment of n   | noney to you, either for life or for a n  | number of years)  |   |
| 24 | . Interests in an educ  | ation IRA, in an account in<br>1), 529A(b), and 529(b)(1).                               |   | der a qualified state tuition program                     | m.  |
| 25 |   |  |   | ne 1), and rights or powers exercis                       | able for your benefit   |
|    |   | information about them   |   |   |   |
| 26 | Examples: Internet of No                                      |  | s, and other intellectual property ceeds from royalties and licensing a         | agreements  |   |
| 27 | Examples: Building  ■ No                                      | s, and other general intang<br>permits, exclusive licenses, of<br>information about them | gibles<br>cooperative association holdings, liq                                 | uor licenses, professional licenses                       |   |
| M  | oney or property owe  | ed to you?   |   |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | . Tax refunds owed t ■ No □ Yes. Give specific                | •  | uding whether you already filed the r   | returns and the tax years                                 |   |
| 29 | . Family support Examples: Past due ■ No □ Yes. Give specific | , , , ,  | al support, child support, maintenar  | nce, divorce settlement, property sett                    | lement  |
| 30 |   | rages, disability insurance pa<br>unpaid loans you made to s                             |   | /, vacation pay, workers' compensati                      | on, Social Security   |
| 31 | . Interests in insuran<br>Examples: Health, d                 |  | alth savings account (HSA); credit,   | homeowner's, or renter's insurance                        |   |
|    | ■ No □ Yes. Name the ins                                      | urance company of each pol<br>Company name:  |   | Beneficiary:  | Surrender or refund value:  |

Case 18-20458 Doc 1 Filed 07/22/18 Entered 07/22/18 20:02:44 Desc Main Page 14 of 49

Case number (if known) Document Debtor 1 **Sheryl Dixon** 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$5.131.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 List the Totals of Each Part of this Form \$203,000.00 \$0.00 \$1,525.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$209,656.00

|   |                         | I A A A A A A A A A A A A A A A A A A A | · · · · · · · · · · · · · · · · · · · |   |                  |
|---|-------------------------|---|---------------------------------------|---|------------------|
| Fill in this infor                      | mation to identify your | case:                                   |                                       |   |                  |
| Debtor 1                                | Sheryl Dixon            |   |                                       |   |                  |
|   | First Name              | Middle Name                             | Last Name                             |   |                  |
| Debtor 2                                |                         |   |                                       |   |                  |
| (Spouse if, filing)                     | First Name              | Middle Name                             | Last Name                             |   |                  |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT                       | OF ILLINOIS                           |   |                  |
| Case number _                           |                         |   |                                       |   |                  |
| (if known)                              |                         |   |                                       | ] | Check if this is |
|   |                         |   |                                       |   | amended filing   |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemp | otions are | you claiming? | Check one only | , even if | your spouse i | is filing with | you. |
|----|--------------------|------------|---------------|----------------|-----------|---------------|----------------|------|
|----|--------------------|------------|---------------|----------------|-----------|---------------|----------------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own |     |   | Specific laws that allow exemption |  |
|--|--|-----|---|------------------------------------|--|
|  | Copy the value from<br>Schedule A/B                                    | Che | eck only one box for each exemption.                            |                                    |  |
| Bedroom set, living room set   | \$500.00   |     | \$500.00  | 735 ILCS 5/12-1001(b)              |  |
| Line Horr Schedule A.B. 4.1  |  |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| (2) televisions, DVD player, computer, smart phone                                     | \$800.00   |     | \$800.00  | 735 ILCS 5/12-1001(b)              |  |
| Line from Schedule A/B: 7.1  |  |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Clothes Line from Schedule A/B: 11.1   | \$200.00   |     | \$200.00  | 735 ILCS 5/12-1001(a)              |  |
| Line from Genedate A/B. TTT  |  |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Dog, Cat Line from Schedule A/B: 13.1  | \$25.00  |     | \$25.00   | 735 ILCS 5/12-1001(b)              |  |
| Line Holli Schedule A.B. 13.1  |  |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Checking: PNC Bank Line from Schedule A/B: 17.1  | \$131.00   |     | \$131.00  | 735 ILCS 5/12-1001(b)              |  |
| Line nom Schedule A/D. 11.1  |  |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |

Filed 07/22/18 Case 18-20458 Doc 1 Entered 07/22/18 20:02:44 Desc Main Document Page 16 of 49 Debtor 1 Sheryl Dixon Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 401(k): Ulmer & Berne 735 ILCS 5/12-1006 \$5,000.00 \$5,000.00 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? 

Yes

Case 18-20458 Doc 1 Filed 07/22/18 Entered 07/22/18 20:02:44 Desc Main Document Page 17 of 49

|  | Document   | Page 17                         | <u>of 49</u>                            |                         |               |
|--|--|---------------------------------|---|-------------------------|---------------|
| Fill in this information to identify y             | our case:  |                                 |   |                         |               |
| Debtor 1 Sheryl Dixon                              |  |                                 |   |                         |               |
| First Name   | Middle Name  | Last Name                       |   | -                       |               |
| Debtor 2   |  |                                 |   |                         |               |
| (Spouse if, filing) First Name                     | Middle Name  | Last Name                       |   |                         |               |
| United States Bankruptcy Court for the             | he: NORTHERN DISTRICT OF ILLIN   | NOIS                            |   |                         |               |
|  |  |                                 |   |                         |               |
| Case number (if known)                             |  |                                 |   | ☐ Check                 | if this is an |
| (  |  |                                 |   |                         | led filing    |
|  |  |                                 |   |                         | g             |
| Official Form 106D                                 |  |                                 |   |                         |               |
| Schedule D: Credito                                | rs Who Have Claims S   | ecured                          | by Propert                              | V                       | 12/15         |
| <u> </u>   |  |                                 | Бу гороге                               | <del>)</del>            | ,.0           |
|  | le. If two married people are filing together, it out, number the entries, and attach it to            |                                 |   |                         |               |
| 1. Do any creditors have claims secured            | l by your property?  |                                 |   |                         |               |
| ☐ No. Check this box and subm                      | it this form to the court with your other so   | chedules. Yo                    | u have nothing else t                   | to report on this form. |               |
| ■ Yes. Fill in all of the information              | •  |                                 | g                                       |                         |               |
|  | on below.  |                                 |   |                         |               |
| Part 1: List All Secured Claims                    |  |                                 | Column A                                | Column B                | Column C      |
|  | as more than one secured claim, list the credit<br>has a particular claim, list the other creditors in |                                 | Amount of claim                         | Value of collateral     | Unsecured     |
|  | petical order according to the creditor's name.  |                                 | Do not deduct the                       | that supports this      | portion       |
| 2.1 Cook County Treasurer                          | Describe the property that secures the   | value of collateral. \$2,800.00 | claim<br>\$203,000.00                   | If any <b>\$0.00</b>    |               |
| 2.1 Cook County Treasurer Creditor's Name          | 6900 S. Woodlawn Chicago, II   |                                 | \$2,800.00                              | φ203,000.00             | <u> </u>      |
|  | 60637 Cook County  | -                               |   |                         |               |
|  | Notice Purposes  |                                 |   |                         |               |
| 118 North Clark Suite 112                          | As of the date you file, the claim is: Ch  | neck all that                   |   |                         |               |
| Chicago, IL 60602                                  | apply.  Contingent   |                                 |   |                         |               |
| Number, Street, City, State & Zip Code             | Unliquidated   |                                 |   |                         |               |
|  | ☐ Disputed   |                                 |   |                         |               |
| Who owes the debt? Check one.                      | Nature of lien. Check all that apply.  |                                 |   |                         |               |
| ■ Debtor 1 only                                    | An agreement you made (such as mo  | ortgage or secu                 | ired                                    |                         |               |
| ☐ Debtor 2 only                                    | car loan)  |                                 |   |                         |               |
| ☐ Debtor 1 and Debtor 2 only                       | ☐ Statutory lien (such as tax lien, mecha  | anic's lien)                    |   |                         |               |
| lacksquare At least one of the debtors and another | •  |                                 |   |                         |               |
| ☐ Check if this claim relates to a                 | Other (including a right to offset)  | Real Estate                     | Taxes - 2017                            |                         |               |
| community debt                                     |  |                                 |   |                         |               |
| Date debt was incurred                             | Last 4 digits of account numbe   | er <u>0000</u>                  |   |                         |               |
| 2.2 FNA Elm LLC                                    | Describe the property that secures the   | e claim:                        | \$17,814.95                             | \$203,000.00            | \$0.00        |
| Creditor's Name                                    | 6900 S. Woodlawn Chicago, II   | L -                             | , |                         |               |
|  | 60637 Cook County  |                                 |   |                         |               |
|  | As of the date you file, the claim is: Ch  | nock all that                   |   |                         |               |
| 120 North LaSalle Street                           | apply.   | ieck all triat                  |   |                         |               |
| Chicago, IL 60602                                  | Contingent   |                                 |   |                         |               |
| Number, Street, City, State & Zip Code             | ☐ Unliquidated   |                                 |   |                         |               |
| Who owes the debt? Check one.                      | ☐ Disputed  Nature of lien. Check all that apply.  |                                 |   |                         |               |
| _  | ☐ An agreement you made (such as mo  | ortnane or secu                 | ıred                                    |                         |               |
| Debtor 1 only                                      | car loan)  | Jilgage of Secu                 | iieu                                    |                         |               |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only       | ☐ Statutory lien (such as tax lien, mecha  | anio's lian'                    |   |                         |               |
| ☐ At least one of the debtors and another          | · · · · · · · · · · · · · · · · · · ·  | ailic s liell)                  |   |                         |               |
| ☐ Check if this claim relates to a                 | ☐ Other (including a right to offset)  |                                 |   |                         |               |
| community debt                                     | c.i.c. (c.cc/g a right to choot)   |                                 |   |                         |               |
| Date debt was incurred                             | Last 4 digits of account numbe   | er 0000                         |   |                         |               |
| Date dest Has invalled                             | East + digits of account number  |                                 |   |                         |               |

Case 18-20458 Doc 1 Filed 07/22/18 Entered 07/22/18 20:02:44 Desc Main Document Page 18 of 49

| Debtor 1 | Sheryl Dixo                      | n                            |                                    | Case number (if know) |               |
|----------|----------------------------------|------------------------------|------------------------------------|-----------------------|---------------|
|          | First Name Middle Name           |                              | Last Name                          |                       |               |
|          |                                  |                              |                                    | 400 0440              | <del></del> 1 |
| Add the  | dollar value of y                | our entries in Column A on t | this page. Write that number here: | \$20,614.9            | 95            |
|          | the last page of at number here: | your form, add the dollar va | lue totals from all pages.         | \$20,614.9            | 95            |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Fill in this inforn  | nation to identify your  | case:   |   |  |  |  |  |
|--|--|---|---|--|--|--|--|
| Debtor 1   | Sheryl Dixon   |   |   |  |  |  |  |
| Dobtor 2   | First Name   | Middle Name   | Last Name   |  |  |  |  |
| Debtor 2<br>(Spouse if, filing)                                | First Name   | Middle Name   | Last Name   |  |  |  |  |
| United States Bar  | nkruptcy Court for the:  | NORTHERN DISTR  | RICT OF ILLINOIS  |  |  |  |  |
| Case number  |  |   |   |  |  | Check i                                | f this is an   |
|  |  |   |   |  |  | amende                                 | ed filing  |
| Official Form  | n 106F/F   |   |   |  |  |  |  |
|  | :/F: Creditors W   | /ho Have Uns  | ecured Claims   |  |  |  | 12/15  |
| any executory cont<br>Schedule G: Execu<br>Schedule D: Credito | racts or unexpired leases<br>tory Contracts and Unexp<br>ors Who Have Claims Sec<br>tinuation Page to this pag | that could result in a c<br>pired Leases (Official Fo<br>cured by Property. If mo | ith PRIORITY claims and Part 2<br>laim. Also list executory contr<br>vrm 106G). Do not include any<br>re space is needed, copy the P<br>nation to report in a Part, do no | acts on Schedule A/B: F<br>creditors with partially s<br>Part you need, fill it out, | Property (Off<br>secured clain<br>number the o | icial Forn<br>ns that ar<br>entries in | n 106A/B) and on<br>re listed in<br>the boxes on the |
| Part 1: List Al  | II of Your PRIORITY Ur   | secured Claims  |   |  |  |  |  |
|  | ors have priority unsecure   | ed claims against you?  |   |  |  |  |  |
| No. Go to P  | art 2.   |   |   |  |  |  |  |
| identify what typ<br>possible, list the                        | pe of claim it is. If a claim has claims in alphabetical order   | as both priority and nonpo<br>er according to the credite                         | han one priority unsecured claim<br>iority amounts, list that claim her<br>or's name. If you have more than   | e and show both priority a   | and nonpriorit                                 | y amounts                              | s. As much as  |
|  | than one creditor holds a pa   |   |   | 1  |  |  |  |
| (For an explana  | ation of each type of claim,   | see the instructions for th   | is form in the instruction booklet.   | Total claim  | Priority amount                                |  | Nonpriority amount                                   |
| 2.1 Illinois I   | Department of Reve   | nue Last 4 dig  | its of account number   | \$0.00   | umount   | \$0.00                                 | \$0.00   |
| Priority Cre PO Box  | editor's Name<br>64338   | When was  | the debt incurred?  |  |  |  |  |
|  | o, IL 60664  | An of the   |   |  | _  |  |  |
|  | treet City State Zlp Code  d the debt? Check one.  | ☐ Conting   | date you file, the claim is: Chec   | ск ан тлат арріу   |  |  |  |
| ■ Debtor 1 o   |  | ☐ Unliqui   |   |  |  |  |  |
| Debtor 2 o   |  |   |   |  |  |  |  |
| _  | and Debtor 2 only  | •   | RIORITY unsecured claim:  |  |  |  |  |
|  | ne of the debtors and another  |   | tic support obligations   |  |  |  |  |
|  | his claim is for a commu   |   | and certain other debts you owe   | the government   |  |  |  |
|  | subject to offset?   | -   | for death or personal injury while  | -  |  |  |  |
| ■ No   | •  | ☐ Other.  |   | •  |  |  |  |
| ☐ Yes  |  |   | Notice Purposes   |  |  |  |  |
| 2.2 Internal   | Revenue Service  | Last 4 dig  | its of account number   | \$0.00   |  | \$0.00                                 | \$0.00   |
| PO Box   | editor's Name<br>7346<br>Iphia, PA 19101   | When was  | the debt incurred?  |  | -  |  |  |
| Number St  | treet City State Zlp Code  | As of the   | date you file, the claim is: Chec   | ck all that apply  |  |  |  |
| Who incurred   | d the debt? Check one.   | ☐ Conting   | gent  |  |  |  |  |
| Debtor 1 o   | only   | ☐ Unliqui   | dated   |  |  |  |  |
| Debtor 2 o   | only   | ☐ Dispute   | ed  |  |  |  |  |
| ☐ Debtor 1 a   | and Debtor 2 only  | Type of PI  | RIORITY unsecured claim:  |  |  |  |  |
| ☐ At least on  | ne of the debtors and anoth  | er Domes  | tic support obligations   |  |  |  |  |
| ☐ Check if t   | his claim is for a commu   | nity debt Taxes   | and certain other debts you owe t   | the government   |  |  |  |
| Is the claim s   | subject to offset?   | ☐ Claims  | for death or personal injury while  | you were intoxicated   |  |  |  |
| ■ No   |  | ☐ Other.  |   |  |  |  |  |
| ☐ Yes  |  |   | Notice Purposes   |  |  | _                                      |  |

Page 20 of 49 Case number (if know) Document Debtor 1 Sheryl Dixon

| Part :   |   |   |   |                   |         |  |  |
|----------|---|---|---|-------------------|---------|--|--|
| 3. D     | o any creditors have nonpriority unsecured claim  | s against you?  |   |                   |         |  |  |
|          | No. You have nothing to report in this part. Submit   | this form to the court with your other sche   | edules.   |                   |         |  |  |
|          | Yes.  |   |   |                   |         |  |  |
| ui<br>th | ist all of your nonpriority unsecured claims in the<br>nsecured claim, list the creditor separately for each cl<br>an one creditor holds a particular claim, list the other<br>art 2. | laim. For each claim listed, identify what t  | ype of claim it is. Do not list claims already in | cluded in Part 1. | If more |  |  |
|          |   |   |   | Total claim       |         |  |  |
| 4.1      | Amer Fst Fin  | Last 4 digits of account number   | 0001  |                   | \$0.00  |  |  |
|          | Nonpriority Creditor's Name   | _   | On and 0/00/40 Last Astissa                       |                   |         |  |  |
|          | 7330 W. 33rd Street<br>Wichita, KS 67205  | When was the debt incurred?   | Opened 3/20/16 Last Active 3/16/17                | _                 |         |  |  |
|          | Number Street City State Zlp Code   | As of the date you file, the claim  | is: Check all that apply                          |                   |         |  |  |
|          | Who incurred the debt? Check one.   |   |   |                   |         |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent  |   |                   |         |  |  |
|          | ☐ Debtor 2 only   | ☐ Unliquidated  |   |                   |         |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |                   |         |  |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:  |                   |         |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |   |                   |         |  |  |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |                   |         |  |  |
|          | ■ No □ Debts to pension or profit-sharing plans, and other similar debts  |   |   |                   |         |  |  |
|          | ☐ Yes   | ■ Other. Specify Notice Purp  | ooses   | _                 |         |  |  |
| 4.2      | Navient Solutions Inc   | Last 4 digits of account number   | 1125  |                   | \$0.00  |  |  |
|          | Nonpriority Creditor's Name 11100 Usa Pkwy Fishers, IN 46037  | When was the debt incurred?   | Opened 11/02 Last Active 10/26/09                 | _                 |         |  |  |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim  | is: Check all that apply                          |                   |         |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent  |   |                   |         |  |  |
|          | ☐ Debtor 2 only   | ☐ Unliquidated  |   |                   |         |  |  |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |                   |         |  |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | Type of NONPRIORITY unsecured claim:              |                   |         |  |  |
|          | ☐ Check if this claim is for a community  | Student loans   |   |                   |         |  |  |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims  |   |                   |         |  |  |
|          | No  | Debts to pension or profit-sharing  | g plans, and other similar debts                  |                   |         |  |  |
|          | Yes   | Other. Specify  |   | _                 |         |  |  |
|          |   | Educationa<br>Notice Pur  |   |                   |         |  |  |

Case 18-20458 Doc 1 Filed 07/22/18 Entered 07/22/18 20:02:44 Desc Main Page 21 of 49 Case number (if know) Document

| People                 |                        | gy<br>litor's Name                              | Last 4 digits of account number  | 4780  |  | \$0.0                     |  |  |  |
|------------------------|------------------------|---|--|---|--|---------------------------|--|--|--|
| •                      | ast Ra                 | ndolph  | When was the debt incurred?  | Open<br>6/20/1  | ed 10/30/09 Last Active<br>11                    | -                         |  |  |  |
|                        | •                      | City State Zlp Code                             | As of the date you file, the claim   | is: Check   | all that apply                                   |                           |  |  |  |
|                        |                        | he debt? Check one.                             | <b>,</b>   |   |  |                           |  |  |  |
| Debt                   | tor 1 onl              | y   | ☐ Contingent   |   |  |                           |  |  |  |
| ☐ Debt                 | tor 2 onl              | У   | ☐ Unliquidated   |   |  |                           |  |  |  |
| ☐ Debt                 | tor 1 and              | Debtor 2 only                                   | Disputed   |   |  |                           |  |  |  |
| ☐ At le                | ast one                | of the debtors and another                      | Type of NONPRIORITY unsecured  | d claim:  |  |                           |  |  |  |
| ☐ Che                  | ck if thi              | s claim is for a community                      | ☐ Student loans  |   |  |                           |  |  |  |
| debt<br>Is the cl      | laim su                | bject to offset?                                | ☐ Obligations arising out of a separeport as priority claims   | aration agr   | reement or divorce that you did not              |                           |  |  |  |
| ■ No                   |                        |   | Debts to pension or profit-sharing   | ng plans, a   | and other similar debts                          |                           |  |  |  |
| ☐ Yes                  |                        |   | ■ Other. Specify Agriculture Notice Purp   | e<br>poses  |  | -                         |  |  |  |
| Pnc B                  |                        |   | Last 4 digits of account number  | 7563  |  | \$313.0                   |  |  |  |
| 1 Fina                 | ncial                  | litor's Name<br>Pkwy<br>MI 49009                | When was the debt incurred?  | Open<br>2/20/1  | ed 06/14 Last Active<br>15                       | -                         |  |  |  |
| Number                 | Street (               | City State Zlp Code he debt? Check one.         | As of the date you file, the claim   | is: Check   | all that apply                                   |                           |  |  |  |
| ■ Debt                 |                        |   | Пол  |   |  |                           |  |  |  |
| _                      |                        | ,   | ☐ Contingent   |   |  |                           |  |  |  |
| ☐ Debt                 |                        | •   | ☐ Unliquidated   |   |  |                           |  |  |  |
| _                      |                        | Debtor 2 only                                   | ☐ Disputed  Type of NONPRIORITY unsecured claim:   |   |  |                           |  |  |  |
| _                      |                        | of the debtors and another                      | ☐ Student loans  |   |  |                           |  |  |  |
| debt                   |                        | s claim is for a community bject to offset?     | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |   |  |                           |  |  |  |
| ■ No                   |                        | •   |  | ☐ Debts to pension or profit-sharing plans, and other similar debts |  |                           |  |  |  |
| ☐ Yes                  |                        |   | ■ Other Specify Credit Line  |   |  |                           |  |  |  |
| is page o              | only if y<br>llect fro | m you for a debt you owe to sor                 | t That You Already Listed<br>bout your bankruptcy, for a debt that y<br>neone else, list the original creditor in<br>you listed in Parts 1 or 2, list the addi | Parts 1   | or 2, then list the collection agency            | y here. Similarly, if you |  |  |  |
| Add                    | the Ar                 |   |  | eporting  | purposes only. 28 U.S.C. §159. Ad<br>Total Claim | d the amounts for eacl    |  |  |  |
|                        | 6a.                    | Domestic support obligations                    |  | 6a.   | \$0.00   |                           |  |  |  |
| Total<br>aims          |                        |   |  |   |  |                           |  |  |  |
| Part 1                 | 6b.                    | Taxes and certain other debts                   | you owe the government   | 6b.   | \$0.00   | _                         |  |  |  |
|                        | 6c.                    | -   | njury while you were intoxicated   | 6c.   | \$ 0.00  | -                         |  |  |  |
|                        | 6d.                    | Other. Add all other priority unse              | cured claims. Write that amount here.  | 6d.   | \$   | _                         |  |  |  |
|                        |                        |   |  |   |  |                           |  |  |  |
|                        | 6e.                    | Total Priority. Add lines 6a thro               | ugh 6d.  | 6e.   | \$   | -                         |  |  |  |
|                        | 6e.                    | Total Priority. Add lines 6a thro               | ugh 6d.  | 6e.   |  |                           |  |  |  |
|                        | 6e.<br>6f.             | Total Priority. Add lines 6a thro Student loans | ugh 6d.  | 6e.<br>6f.  | \$ 0.00  Total Claim \$ 0.00                     |                           |  |  |  |
| Fotal<br>aims<br>art 2 |                        | Student loans                                   | ugh 6d.  paration agreement or divorce that  |   | Total Claim                                      |                           |  |  |  |

Debtor 1 Sheryl Dixon

Case 18-20458 Doc 1 Filed 07/22/18 Entered 07/22/18 20:02:44 Desc Main Document Page 22 of 49

Debtor 1 Sheryl Dixon Document Page 22 of 49 Case number (if know)

6h. Debts to pension or profit-sharing plans, and other similar debts
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6j. Total Nonpriority. Add lines 6f through 6i.

6h. \$
0.00

\$
313.00

Official Form 106 E/F

|                     |   | 1700.11111.       | III FAUE 7.3 UL 4.9 |  |  |  |  |  |
|---------------------|---|-------------------|---------------------|--|--|--|--|--|
| Fill in this infor  | Fill in this information to identify your case: |                   |                     |  |  |  |  |  |
| Debtor 1            | Sheryl Dixon                                    |                   |                     |  |  |  |  |  |
|                     | First Name                                      | Middle Name       | Last Name           |  |  |  |  |  |
| Debtor 2            |   |                   |                     |  |  |  |  |  |
| (Spouse if, filing) | First Name                                      | Middle Name       | Last Name           |  |  |  |  |  |
| United States Ba    | ankruptcy Court for the:                        | NORTHERN DISTRICT | OF ILLINOIS         |  |  |  |  |  |
| Case number         |   |                   |                     |  |  |  |  |  |
| (if known)          |   |                   |                     |  |  |  |  |  |
|                     |   |                   |                     |  |  |  |  |  |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company wit | h whom you have the o | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------|-----------------------|-------------------|---|
| 2.1 |           |             |                       |                   |   |
|     | Name      |             |                       |                   | _                                       |
|     | Number    | Street      |                       |                   |   |
|     | City      |             | State                 | ZIP Code          | _                                       |
| 2.2 |           |             |                       |                   |   |
|     | Name      |             |                       |                   |   |
|     | Number    | Street      |                       |                   | _                                       |
|     | City      |             | State                 | ZIP Code          |   |
| 2.3 | •         |             |                       |                   |   |
|     | Name      |             |                       |                   | <del>_</del>                            |
|     | Number    | Street      |                       |                   | _                                       |
|     | City      |             | State                 | ZIP Code          |   |
| 2.4 |           |             |                       |                   |   |
|     | Name      |             |                       |                   | _                                       |
|     | Number    | Street      |                       |                   |   |
|     | City      |             | State                 | ZIP Code          |   |
| 2.5 |           |             |                       |                   |   |
|     | Name      |             |                       |                   | _                                       |
|     | Number    | Street      |                       |                   | _                                       |
|     | City      |             | State                 | ZIP Code          |   |
|     |           |             |                       |                   |   |

|                                |  | Docume   | ent Page 24 d             | NT 49                                   |   |
|--------------------------------|--|--|---------------------------|---|---|
| Fill in this i                 | information to identify your   |  |                           |   |   |
| Debtor 1                       | Sheryl Dixon   |  |                           |   |   |
|                                | First Name   | Middle Name  | Last Name                 |   |   |
| Debtor 2<br>(Spouse if, filing | g) First Name  | Middle Name  | Last Name                 |   |   |
|                                | es Bankruptcy Court for the:   | NORTHERN DISTRICT                                    | OF ILLINOIS               |   |   |
|                                | . ,  |  |                           |   |   |
| Case numb<br>(if known)        | per  |  |                           |   | ☐ Check if this is an   |
|                                |  |  |                           |   | amended filing  |
| Official                       | Form 106H  |  |                           |   |   |
|                                | ule H: Your Cod  | ehtors   |                           |   | 12/15   |
| Jenea                          | aic II. Tour oou   | CDtOI3   |                           |   | 12/13   |
| ill it out, an<br>our name     | nd number the entries in the<br>and case number (if known)                         | boxes on the left. Attach<br>. Answer every question | the Additional Page t     | o this page. On the to                  | needed, copy the Additional Page,<br>p of any Additional Pages, write   |
| 1. Do y                        | ou have any codebtors? (If   | you are filing a joint case,                         | do not list either spouse | as a codebtor.                          |   |
| ■ No<br>□ Yes                  |  |  |                           |   |   |
| Arizona<br>                    | nin the last 8 years, have you<br>a, California, Idaho, Louisiana<br>Go to line 3. |  |                           |   | ty states and territories include   |
| ☐ Yes.                         | . Did your spouse, former spo  | use, or legal equivalent live                        | e with you at the time?   |   |   |
| in line<br>Form 1              | 2 again as a codebtor only i   | f that person is a guaran                            | tor or cosigner. Make     | sure you have listed th                 | g with you. List the person shown<br>he creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
|                                | Column 1: Your codebtor<br>lame, Number, Street, City, State and Z                 | IP Code  |                           | Column 2: The cre<br>Check all schedule | editor to whom you owe the debt es that apply:  |
| 3.1                            |  |  |                           | ☐ Schedule D, lin                       | ne  |
|                                | Name   |  |                           | ☐ Schedule E/F, I                       |   |
|                                |  |  |                           | ☐ Schedule G, lin                       | ne  |
|                                | Number Street  |  |                           |   |   |
| C                              | City   | State  | ZIP Code                  |   |   |
| 3.2                            |  |  |                           | ☐ Schedule D, lin                       | ne  |
|                                | Name   |  |                           | Schedule E/F, I                         |   |
|                                |  |  |                           | ☐ Schedule G, lin                       |   |
|                                | Number Street  |  |                           | _                                       |   |
| C                              | City   | State  | ZIP Code                  |   |   |

# Case 18-20458 Doc 1 Filed 07/22/18 Entered 07/22/18 20:02:44 Desc Main Document Page 25 of 49

| Fill               | in this information to   | o identify your ca                               | ase.  |  |                       |                  |                    |                       |                         |                              |                 |
|--------------------|--|--|---|--|-----------------------|------------------|--------------------|-----------------------|-------------------------|------------------------------|-----------------|
|                    | btor 1   | Sheryl Dixor                                     |   |  |                       |                  |                    |                       |                         |                              |                 |
|                    | btor 2<br>buse, if filing)   |  |   |  |                       | _                |                    |                       |                         |                              |                 |
| Uni                | ited States Bankrup  | tcy Court for the                                | NORTHERN DISTRIC  | CT OF ILLINOIS                                 |                       | _                |                    |                       |                         |                              |                 |
|                    | se number<br>nown)   |  |   |  |                       |                  | □ Aı               |                       | ed filing<br>ent showir | ng postpetition              |                 |
| 0                  | fficial Form   | 1061   |   |  |                       |                  |                    | M / DD/ \             |                         | rollowing date:              |                 |
| _                  | chedule I:   |  | ome   |  |                       |                  | IVI                | ו /טט / וואו          | 1111                    |                              | 12/15           |
| sup<br>spo<br>atta | plying correct info<br>buse. If you are sep<br>ich a separate shee | rmation. If you arated and you                   | sible. If two married peo<br>are married and not filin<br>r spouse is not filing wi<br>On the top of any addition | ng jointly, and your s<br>th you, do not inclu | spouse i<br>de infori | is livi<br>matio | ng with<br>n about | you, incl<br>your spo | ude infor<br>ouse. If m | mation about<br>ore space is | your<br>needed, |
| 1.                 | Fill in your emploinformation.                                     | oyment   |   | Debtor 1                                       |                       |                  |                    | Debtor 2              | 2 or non-f              | filing spouse                |                 |
|                    | If you have more   |  | Employment status   | ■ Employed                                     |                       |                  |                    | ☐ Empl                | oyed                    |                              |                 |
|                    | attach a separate information about                                |  | Linployment status  | ☐ Not employed                                 |                       |                  |                    | ☐ Not e               | mployed                 |                              |                 |
|                    | employers.   |  | Occupation  | Legal Assistant                                |                       |                  |                    |                       |                         |                              |                 |
|                    | Include part-time,<br>self-employed wo                             |  | Employer's name   | Ulmer & Berne l                                | LLP                   |                  |                    |                       |                         |                              |                 |
|                    | Occupation may i or homemaker, if                                  |  | Employer's address  | 1660 West 2nd Suite 1100<br>Cleveland, OH 4    |                       |                  |                    |                       |                         |                              |                 |
| Pai                | rt 2: Give De  | tails About Mor                                  | How long employed that  | here? 4 Years                                  | 3                     |                  |                    | _                     |                         |                              |                 |
| Esti<br>spo        | imate monthly incouse unless you are so                            | ome as of the da<br>separated.<br>spouse have mo | ate you file this form. If you  | ,  |                       |                  | •                  |                       | ·                       | ·                            | J               |
| mor                | e space, attach a se   | eparate sheet to                                 | this form.  |  |                       |                  | For Deb            | tor 1                 |                         | ebtor 2 or<br>ling spouse    |                 |
| 2.                 |  |  | ry, and commissions (be<br>calculate what the monthl  |  | 2.                    | \$               | 6,                 | 700.00                | \$                      | N/A                          |                 |
| 3.                 | Estimate and list  | monthly overti                                   | me pay.   |  | 3.                    | +\$              |                    | 0.00                  | +\$                     | N/A                          |                 |
| 4.                 | Calculate gross  | Income. Add lir                                  | ne 2 + line 3.  |  | 4.                    | \$               | 6,70               | 0.00                  | \$                      | N/A                          |                 |

# Case 18-20458 Doc 1 Filed 07/22/18 Entered 07/22/18 20:02:44 Desc Main Document Page 26 of 49

| Deb | tor 1                       | Sheryl Dixon   | -        | C          | Case       | number ( <i>if know</i> | 7) |       |                   |                |                  |
|-----|-----------------------------|--|----------|------------|------------|-------------------------|----|-------|-------------------|----------------|------------------|
|     |                             |  |          |            | For        | Debtor 1                |    |       | ebtor<br>filing s | 2 or<br>pouse  |                  |
|     | Cop                         | by line 4 here   | 4.       |            | \$         | 6,700.0                 | 0  | \$    |                   | N/A            |                  |
| 5.  | List                        | all payroll deductions:  |          |            |            |                         |    |       |                   |                |                  |
|     | 5a.                         | Tax, Medicare, and Social Security deductions  | 5a       | a.         | \$         | 1,725.0                 | n  | \$    |                   | N/A            |                  |
|     | 5b.                         | Mandatory contributions for retirement plans   | 5b       |            | <u>*</u> — | 0.0                     |    | \$    |                   | N/A            | _                |
|     | 5c.                         | Voluntary contributions for retirement plans   | 50       | <b>)</b> . | \$         | 0.0                     | _  | \$    |                   | N/A            | _                |
|     | 5d.                         | Required repayments of retirement fund loans   | 50       | d.         | \$         | 0.0                     | 0  | \$    |                   | N/A            | _                |
|     | 5e.                         | Insurance  | 5e       |            | \$         | 200.0                   | 0  | \$    |                   | N/A            | _                |
|     | 5f.                         | Domestic support obligations   | 5f.      |            | \$_        | 0.0                     |    | \$    |                   | N/A            | _                |
|     | 5g.                         | Union dues   | 50       |            | \$         | 0.0                     | _  | \$    |                   | N/A            | _                |
|     | 5h.                         | Other deductions. Specify:   | _ 5r     |            | \$         | 0.0                     |    | + \$  |                   | N/A            | <u> </u>         |
| 6.  | Add                         | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.       |            | \$         | 1,925.0                 | 0  | \$    |                   | N/A            | <u> </u>         |
| 7.  | Cal                         | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.       |            | \$         | 4,775.0                 | 0_ | \$    |                   | N/A            | <u> </u>         |
| 8.  | List<br>8a.                 | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                | 0        |            | •          |                         |    | •     |                   |                |                  |
|     | Oh                          | monthly net income.  Interest and dividends  | 8a<br>8b |            | \$_        | 0.0                     | _  | \$    |                   | N/A            | _                |
|     | 8b.<br>8c.                  | Family support payments that you, a non-filing spouse, or a dependent  |          | ).         | \$_        | 0.0                     | U  | »—    |                   | N/A            | <u> </u>         |
|     | 00.                         | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 80       | <b>)</b> . | \$         | 0.0                     | 0  | \$    |                   | N/A            | <u>.</u>         |
|     | 8d.                         | Unemployment compensation  | 80       | d.         | \$_        | 0.0                     | 0  | \$    |                   | N/A            | _                |
|     | 8e.                         | Social Security  | 86       | €.         | \$         | 0.0                     | 0  | \$    |                   | N/A            | <u> </u>         |
|     | 8f.                         | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:    | 8f.      |            | \$         | 0.0                     |    | \$    |                   | N/A            | _                |
|     | 8g.<br>8h.                  | Pension or retirement income   | 88       |            | \$_        | 0.0                     |    | —     |                   | N/A            | _                |
|     | OII.                        | Other monthly income. Specify:   | _ 01     | 1.+        | Φ_         | 0.0                     |    | · • — |                   | N/A            | <u></u>          |
| 9.  | Add                         | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.       | \$         | <u> </u>   | 0.0                     | 0  | \$    |                   | N/             | A                |
| 10. | Cal                         | culate monthly income. Add line 7 + line 9.  | 10.      | \$         |            | 4,775.00 +              | \$ |       | N/A               | = \$           | 4,775.00         |
|     |                             | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |          | *-         |            | 1,770.00                | *- |       | 17/               |                | 4,175.00         |
| 11. | Star<br>Incli<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not excify: | depe     |            | ,          | •                       |    |       | chedule<br>11.    |                | 0.00             |
| 12. |                             | If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certain lies   |          |            |            |                         |    |       | 12.               | \$             | 4,775.00         |
| 13. | Do                          | you expect an increase or decrease within the year after you file this form  | ?        |            |            |                         |    |       | ·                 | Combi<br>month | ned<br>ly income |
|     |                             | No.  |          |            |            |                         |    |       |                   |                |                  |

Official Form 106I Schedule I: Your Income page 2

Case 18-20458 Doc 1 Filed 07/22/18 Entered 07/22/18 20:02:44 Desc Main Document Page 27 of 49

| Fill       | in this information to iden   | tify your case:                  |  |   |                             |   |   |
|------------|---|----------------------------------|--|---|-----------------------------|---|---|
| Deb        | otor 1 Sheryl D   | Dixon                            |  |   | Che                         | ck if this is:  |   |
|            | otor 2  |                                  |  |   |                             | An amended filing<br>A supplement show<br>13 expenses as of | ving postpetition chapter the following date: |
| Unit       | ed States Bankruptcy Court f  | or the: NORTH                    | HERN DISTRICT OF ILLIN   | OIS   |                             | MM / DD / YYYY  |   |
| Cas        | e number  |                                  |  |   |                             |   |   |
| (If k      | nown)   |                                  |  |   |                             |   |   |
| Of         | fficial Form 106  | 6J                               |  |   |                             |   |   |
|            | chedule J: Yo   |                                  |  |   |                             |   | 12/15   |
| info       | as complete and accura<br>ormation. If more space<br>nber (if known). Answe | is needed, atta                  | . If two married people ar<br>ich another sheet to this<br>n.              | e filing together, b<br>form. On the top of | oth are equ<br>f any additi | ially responsible fo<br>onal pages, write y                 | or supplying correct<br>your name and case    |
|            | Describe Your H   | lousehold                        |  |   |                             |   |   |
| 1.         | Is this a joint case?  No. Go to line 2.                                    |                                  |  |   |                             |   |   |
|            | Yes. Does Debtor 2  | live in a separ                  | ate household?   |   |                             |   |   |
|            | □ No  |                                  |  |   |                             |   |   |
|            | ☐ Yes. Debtor   | 2 must file Offic                | al Form 106J-2, <i>Expenses</i>  | for Separate House                          | ehold of Deb                | otor 2.   |   |
| 2.         | Do you have depende   | nts? ■ No                        |  |   |                             |   |   |
|            | Do not list Debtor 1 and Debtor 2.  | ☐ Yes.                           | Fill out this information for each dependent                               | Dependent's relat<br>Debtor 1 or Debto      |                             | Dependent's age   | Does dependent live with you?                 |
|            | Do not state the  |                                  |  |   |                             |   | □ No  |
|            | dependents names.   |                                  |  |   |                             |   | ☐ Yes<br>☐ No                                 |
|            |   |                                  |  |   |                             |   | □ No<br>□ Yes                                 |
|            |   |                                  |  | _   |                             |   | □ No  |
|            |   |                                  |  |   |                             |   | Yes   |
|            |   |                                  |  |   |                             |   | □ No<br>□ Yes                                 |
| 3.         | Do your expenses inc  | lude                             | No   |   |                             |   | □ res   |
|            | expenses of people of yourself and your dep                                 | her than                         | Yes  |   |                             |   |   |
|            | <u> </u>  |                                  |  |   |                             |   |   |
| Est<br>exp |   | of your bankr                    | ly Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |   |                             |   |   |
| the        | lude expenses paid for value of such assistant ficial Form 106l.)           | with non-cash<br>ce and have inc | government assistance in cluded it on Schedule I: Y                        | f you know<br>our Income                    |                             | Your exp  | enses   |
| (          | ,   |                                  |  |   | _                           |   |   |
| 4.         | The rental or home ow payments and any rent                                 |                                  | ises for your residence. In<br>or lot.                                     | nclude first mortgag                        | e<br>4. :                   | \$  | 2,051.00                                      |
|            | If not included in line   | 4:                               |  |   |                             |   |   |
|            | 4a. Real estate taxes   |                                  |  |   | 4a.                         | ·   | 290.00  |
|            | 4b. Property, homeov  |                                  |  |   | 4b.                         |   | 0.00  |
|            | <ul><li>4c. Home maintenan</li><li>4d. Homeowner's as:</li></ul>            |                                  |  |   | 4c. 3<br>4d. 3              |   | 200.00<br>0.00                                |
| 5.         |   |                                  | our residence, such as ho  | me equity loans                             | 5.                          | ·   | 0.00  |

# Case 18-20458 Doc 1 Filed 07/22/18 Entered 07/22/18 20:02:44 Desc Main Document Page 28 of 49

| Debtor 1       | Sheryl Dixon   | Case num     | ber (if known) |                        |
|----------------|--|--------------|----------------|------------------------|
| i. Util        | ities:   |              |                |                        |
| 6a.            | Electricity, heat, natural gas   | 6a.          | \$             | 300.00                 |
| 6b.            | Water, sewer, garbage collection   | 6b.          | \$             | 0.00                   |
| 6c.            | Telephone, cell phone, Internet, satellite, and cable services   | 6c.          | ·              | 249.00                 |
| 6d.            | Other. Specify:  | 6d.          |                | 0.00                   |
|                | od and housekeeping supplies   | 7.           | ·              | 525.00                 |
|                | ldcare and children's education costs  | 7.<br>8.     | \$             |                        |
| _              |  | o.<br>9.     | ·              | 0.00                   |
|                | thing, laundry, and dry cleaning   |              | \$             | 200.00                 |
|                | sonal care products and services   | 10.          | \$             | 200.00                 |
|                | dical and dental expenses  | 11.          | \$             | 100.00                 |
|                | nsportation. Include gas, maintenance, bus or train fare.  | 12.          | \$             | 200.00                 |
|                | not include car payments.  | 13.          |                |                        |
|                | ertainment, clubs, recreation, newspapers, magazines, and books  |              | ·              | 0.00                   |
|                | aritable contributions and religious donations   | 14.          | \$             | 0.00                   |
|                | urance.  |              |                |                        |
|                | not include insurance deducted from your pay or included in lines 4 or 20.   | 150          | ¢              | 0.00                   |
|                | Life insurance   | 15a.         | ·              | 0.00                   |
|                | . Health insurance   | 15b.         | ·              | 0.00                   |
|                | . Vehicle insurance  | 15c.         | ·              | 0.00                   |
|                | . Other insurance. Specify:  | 15d.         | \$             | 0.00                   |
| 6. <b>Tax</b>  | <b>es.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.   |              |                |                        |
|                | ecify:   | 16.          | \$             | 0.00                   |
|                | tallment or lease payments:  |              |                |                        |
| 17a            | . Car payments for Vehicle 1   | 17a.         | \$             | 0.00                   |
| 17b            | . Car payments for Vehicle 2   | 17b.         | \$             | 0.00                   |
| 17c            | . Other. Specify:  | 17c.         | \$             | 0.00                   |
| 17c            | . Other. Specify:  | 17d.         | \$             | 0.00                   |
|                | ur payments of alimony, maintenance, and support that you did not report as  |              | -              |                        |
|                | lucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18.          | \$             | 0.00                   |
|                | er payments you make to support others who do not live with you.   |              | \$             | 0.00                   |
| Spe            | ecify:   | 19.          |                |                        |
| ). <b>Ot</b> ł | er real property expenses not included in lines 4 or 5 of this form or on Sche   | dule I: Yo   | ur Income.     |                        |
| 20a            | . Mortgages on other property  | 20a.         |                | 0.00                   |
|                | . Real estate taxes  | 20b.         | \$             | 0.00                   |
|                | Property, homeowner's, or renter's insurance   | 20c.         | ·              | 0.00                   |
|                | . Maintenance, repair, and upkeep expenses   | 20d.         | ·              | 0.00                   |
|                | . Homeowner's association or condominium dues  | 20a.<br>20e. |                |                        |
|                |  |              |                | 0.00                   |
| . Oth          | er: Specify:   | 21.          | +\$            | 0.00                   |
| 2 Cal          | culate your monthly expenses   |              |                |                        |
|                | . Add lines 4 through 21.  |              | \$             | 4.315.00               |
|                | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |              | \$             | 4,010.00               |
|                |  |              | ·              |                        |
| 220            | . Add line 22a and 22b. The result is your monthly expenses.   |              | \$             | 4,315.00               |
| 3. Cal         | culate your monthly net income.  |              |                |                        |
|                | . Copy line 12 (your combined monthly income) from Schedule I.   | 23a.         | \$             | 4,775.00               |
|                | Copy your monthly expenses from line 22c above.  | 23b.         | ·              | 4,775.00               |
| 230            | . Oopy your monthly expenses nomine 226 above.   | ۷۵۵.         | Ψ              | 4,315.00               |
| 224            | Subtract your monthly expenses from your monthly income  |              |                |                        |
| 230            | <ul> <li>Subtract your monthly expenses from your monthly income.</li> <li>The result is your monthly net income.</li> </ul>   | 23c.         | \$             | 460.00                 |
|                | The result is your monuny net income.  | 200.         | <u> </u>       |                        |
|                |  |              |                |                        |
| 4 Do           | you expect an increase or decrease in your expenses within the year after yo   | u file thic  | form?          |                        |
|                | you expect an increase or decrease in your expenses within the year after yo example, do you expect to finish paying for your car loan within the year or do you expect your   |              |                | or decrease because of |
| For            | you expect an increase or decrease in your expenses within the year after yo example, do you expect to finish paying for your car loan within the year or do you expect your lification to the terms of your mortgage? |              |                | or decrease because of |
| For            | example, do you expect to finish paying for your car loan within the year or do you expect your lification to the terms of your mortgage?  |              |                | or decrease because c  |

## Case 18-20458 Doc 1 Filed 07/22/18 Entered 07/22/18 20:02:44 Desc Main Document Page 29 of 49

| Fill in this info                                | rmation to identify your                           | case:   |                            |                          |  |
|--|--|---|----------------------------|--------------------------|--|
| Debtor 1   | Sheryl Dixon                                       |   |                            |                          |  |
| Debter 1   | First Name   | Middle Name                                       | Last Name                  |                          |  |
| Debtor 2   |  |   |                            |                          |  |
| (Spouse if, filing)                              | First Name   | Middle Name                                       | Last Name                  |                          |  |
| United States B                                  | ankruptcy Court for the:                           | NORTHERN DISTRIC                                  | T OF ILLINOIS              |                          |  |
| Case number                                      |  |   |                            |                          | Check if this is an  |
| (ii kilowii)                                     |  |   |                            |                          | Check if this is an amended filing   |
| You must file the obtaining mone years, or both. | is form whenever you fi                            | le bankruptcy schedule<br>n connection with a bar |                            | s. Making a false state  | ement, concealing property, or<br>00, or imprisonment for up to 20         |
|  | ay or agree to pay some                            | one who is NOT an atto                            | orney to help you fill out | bankruptcy forms?        |  |
| ■ No   |  |   |                            |                          |  |
| ☐ Yes.   | Name of person                                     |   |                            |                          | kruptcy Petition Preparer's Notice,<br>, and Signature (Official Form 119) |
| •  | alty of perjury, I declare<br>re true and correct. | that I have read the su                           | mmary and schedules fil    | ed with this declaration | on and   |

X /s/ Sheryl Dixon Sheryl Dixon

Signature of Debtor 1

Date July 22, 2018

Signature of Debtor 2

Date

| -:11                 | in this inform                                |  |   |   |   |   |
|----------------------|---|--|---|---|---|---|
|                      |   | nation to identify you                     | r case:   |   |   |   |
| Deb                  | otor 1  | Sheryl Dixon First Name                    | Middle Name   | Last Name   |   |   |
|                      | otor 2<br>use if, filing)                     | First Name                                 | Middle Name   | Last Name   |   |   |
| Unit                 | ed States Bar                                 | nkruptcy Court for the:                    | NORTHERN DISTRICT (   | OF ILLINOIS   |   |   |
| Cas<br>(if kno       | e number                                      |  |   |   | _   | Check if this is an                                   |
| Sta<br>Be a<br>infor | s complete a                                  | of Financial                               | attach a separate sheet to  | re filing together, both are                          | ankruptcy<br>equally responsible for sup<br>y additional pages, write you |   |
| Part                 | Give D  | etails About Your Ma                       | nrital Status and Where You   | Lived Before  |   |   |
| 1.                   | What is your                                  | current marital statu                      | ıs?   |   |   |   |
|                      | <ul><li>☐ Married</li><li>■ Not mar</li></ul> | ried                                       |   |   |   |   |
| 2.                   | During the la                                 | ast 3 years, have you                      | lived anywhere other than   | where you live now?                                   |   |   |
|                      | ■ No □ Yes. Lis                               | t all of the places you l                  | ived in the last 3 years. Do no   | ot include where you live now                         | <i>ı</i> .  |   |
|                      | Debtor 1 Pr                                   | ior Address:                               | Dates Debtor 1 lived there  | Debtor 2 Prior Ad                                     | dress:  | Dates Debtor 2<br>lived there                         |
|                      | es and territori                              |  |   |   | ity property state or territor<br>ico, Texas, Washington and V            |   |
|                      | ■ No<br>□ Yes. Ma                             | ke sure you fill out <i>Scl</i>            | hedule H: Your Codebtors (O   | fficial Form 106H).                                   |   |   |
| Par                  | Explai  | n the Sources of You                       | r Income  |   |   |   |
|                      | Fill in the tota                              | l amount of income yo                      | nployment or from operatin<br>u received from all jobs and a<br>have income that you receiv | all businesses, including part-                       |   | ndar years?   |
|                      | □ No ■ Yes. Fill                              | in the details.                            |   |   |   |   |
|                      |   |  | Debtor 1  |   | Debtor 2  |   |
|                      |   |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                                | Gross income<br>(before deductions<br>and exclusions) |
|                      |   | of current year until<br>d for bankruptcy: | ■ Wages, commissions, bonuses, tips   | \$39,644.59   | ☐ Wages, commissions, bonuses, tips                                       |   |
|                      |   |  | ☐ Operating a business  |   | ☐ Operating a business  |   |

Official Form 107

Page 31 of 49
Case number (if known) Debtor 1 Sheryl Dixon

|     |  |  |   | Debtor 1   |   |   | Debtor 2  |  |   |
|-----|--|--|---|--|---|---|---|--|---|
|     |  |  |   | Sources of income<br>Check all that apply.   | (befo   | re deductions and sions)  | Sources of ind<br>Check all that a  |  | Gross income<br>(before deductions<br>and exclusions) |
|     | last caler<br>nuary 1 to   | dar year:<br>December                          | 31, 2017 )  | ■ Wages, commissions, bonuses, tips  |   | \$78,283.00   | ☐ Wages, con<br>bonuses, tips   | nmissions,   |   |
|     |  |  |   | ☐ Operating a business   |   |   | ☐ Operating a   | business   |   |
|     |  | dar year be<br>December                        |   | ■ Wages, commissions, bonuses, tips  |   | \$75,329.00   | ☐ Wages, con bonuses, tips  | nmissions,   |   |
|     |  |  |   | ☐ Operating a business   |   |   | ☐ Operating a   | business   |   |
| 5.  | Include include include and other winnings.  List each and the lis | come regard<br>public benef<br>If you are fili | less of wheth<br>it payments; p<br>ng a joint cas<br>he gross inco  | e during this year or the two<br>er that income is taxable. Exa<br>pensions; rental income; inter<br>e and you have income that y<br>me from each source separar                                   | amples or<br>rest; divi   | of other income are a<br>dends; money collec-<br>ived together, list it of  | alimony; child supported from lawsuits; only once under D                                       | royalties; and<br>ebtor 1.   |   |
|     |  |  |   | Debtor 1   |   |   | Debtor 2  |  |   |
|     |  |  |   | Sources of income<br>Describe below.   | each<br>(befo   | s income from<br>source<br>re deductions and<br>sions)  | Sources of inc<br>Describe below  |  | Gross income<br>(before deductions<br>and exclusions) |
| Par | t 3: Lis   | t Certain Pa                                   | yments You  | Made Before You Filed for  | Bankru  | otcy  |   |  |   |
| 6.  | □ No.  | Neither Deindividual puring the No. Yes        | goto 1 nor D primarily for a 90 days befo Go to line 7. List below e paid that cre not include to adjustment or Debtor 2 o 90 days befo Go to line 7. List below e include payi | ach creditor to whom you pai<br>editor. Do not include paymer<br>payments to an attorney for the<br>on 4/01/19 and every 3 years<br>or both have primarily consure<br>you filed for bankruptcy, di | umer de<br>id you pa<br>id a total<br>its for de<br>his bank<br>is after th<br>umer de<br>id you pa<br>id a total | bts. Consumer debise."  ay any creditor a total of \$6,425* or more omestic support obligation of the cases filed on bts. ay any creditor a total of \$600 or more an | al of \$6,425* or moin one or more payations, such as class or after the date of \$600 or more. | ore?  yments and the hild support a support a support a support.  ?  you paid that | ne total amount you<br>nd alimony. Also, do           |
|     | Creditor   | 's Name and                                    | l Address   | Dates of payme   | ent   | Total amount  | Amount you  | Was this p   | payment for   |
|     |  |  |   |  |   | paid  | still owe   |  |   |

Case 18-20458 Doc 1 Filed 07/22/18 Entered 07/22/18 20:02:44 Desc Main Document Page 32 of 49 Case number (if known)

| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.  No  Yes. List all payments to an insider. |                              |  |                      |                                 |   |  |  |  |  |  |
|-----|---|------------------------------|--|----------------------|---------------------------------|---|--|--|--|--|--|
|     | Insider's Name and Address  | Dates of payment             | Total amount paid  | Amount you still owe | Reason for the                  | nis payment                               |  |  |  |  |  |
| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos  No  |                              | •  |                      | eccount of a del                | ot that benefited an                      |  |  |  |  |  |
|     | ☐ Yes. List all payments to an insider  |                              |  |                      |                                 |   |  |  |  |  |  |
|     | Insider's Name and Address  | Dates of payment             | Total amount paid  | Amount you still owe | Reason for the Include credit   |   |  |  |  |  |  |
| Par | t 4: Identify Legal Actions, Repossession   | ns, and Foreclosures         |  |                      |                                 |   |  |  |  |  |  |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.  |                              |  |                      |                                 |   |  |  |  |  |  |
|     | Case title Case number  | Nature of the case           | Court or agency  |                      | Status of the                   | case                                      |  |  |  |  |  |
|     | FNA Elm LLC V. Sheryl Dixon<br>2018COTD002264   | Petition for Tax<br>Deed     | Cook County C<br>Clerk<br>50 W Washingt<br>Chicago, IL 600 | on St,               | ■ Pending □ On appea □ Conclude |   |  |  |  |  |  |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address  |                              |  | oreclosed, garnis    | shed, attached,                 | seized, or levied?  Value of the property |  |  |  |  |  |
| 11. | Within 90 days before you filed for bankrul accounts or refuse to make a payment bec  | ptcy, did any creditor, incl |  | nancial institution  | n, set off any an               | nounts from your                          |  |  |  |  |  |
|     | Yes. Fill in the details.  Creditor Name and Address  | Describe the action the      | creditor took  | Date<br>taker        | action was                      | Amount                                    |  |  |  |  |  |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  No Yes   |                              | erty in the possess  | ion of an assigne    | ee for the benef                | it of creditors, a                        |  |  |  |  |  |

Page 33 of 49
Case number (if known) Document Debtor 1 Sheryl Dixon

| Pai | t 5: List Certain Gifts and Contributions  |   |   |                           |
|-----|--|---|---|---------------------------|
| 13. | Within 2 years before you filed for bankrupto  ■ No  □ Yes. Fill in the details for each gift.   | cy, did you give any gifts with a total value of more t   | than \$600 per person                   | ?                         |
|     | Gifts with a total value of more than \$600 per person   | Describe the gifts  | Dates you gave the gifts                | Value                     |
|     | Person to Whom You Gave the Gift and Address:  |   |   |                           |
| 14. | Within 2 years before you filed for bankrupton  No  Yes. Fill in the details for each gift or contri   | cy, did you give any gifts or contributions with a total  | al value of more than                   | \$600 to any charity?     |
|     | Gifts or contributions to charities that tota more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)                |   | Dates you contributed                   | Value                     |
| Pai | t 6: List Certain Losses   |   |   |                           |
| 15. | Within 1 year before you filed for bankruptc or gambling?  No Yes. Fill in the details.  | y or since you filed for bankruptcy, did you lose any   | thing because of the                    | ft, fire, other disaster, |
|     | Describe the property you lost and how the loss occurred   | escribe any insurance coverage for the loss clude the amount that insurance has paid. List pending surance claims on line 33 of Schedule A/B: Property. | Date of your loss                       | Value of property lost    |
| Pai | t 7: List Certain Payments or Transfers  |   |   |                           |
| 16. | consulted about seeking bankruptcy or prej   | y, did you or anyone else acting on your behalf pay paring a bankruptcy petition? arers, or credit counseling agencies for services require             |   | erty to anyone you        |
|     | □ No   |   |   |                           |
|     | Yes. Fill in the details.  |   |   |                           |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You  | Description and value of any property transferred   | Date payment<br>or transfer was<br>made | Amount of payment         |
|     | Chad M. Hayward<br>50 S Main<br>Ste. 200<br>Naperville, IL 60540<br>ch@haywardlawoffices.com   | Attorney Fees   | 6/11/2018                               | \$500.00                  |
| 17. | Within 1 year before you filed for bankruptc<br>promised to help you deal with your credito<br>Do not include any payment or transfer that you |   | or transfer any prope                   | erty to anyone who        |
|     | No   |   |   |                           |
|     | Yes. Fill in the details.  |   |   |                           |
|     | Person Who Was Paid<br>Address   | Description and value of any property transferred   | Date payment or transfer was            | Amount of payment         |

Doc 1 Filed 07/22/18 Entered 07/22/18 20:02:44 Desc Main Case 18-20458 Page 34 of 49
Case number (if known) Document

Debtor 1 **Sheryl Dixon** 

| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. |   |  |                         |                       |   |        |   |  |  |  |  |  |
|-----|---|---|--|-------------------------|-----------------------|---|--------|---|--|--|--|--|--|
|     |   | Yes. Fill in the details.   |  |                         |                       |   |        |   |  |  |  |  |  |
|     |   | son Who Received Transfer<br>Iress  | Description and v  |                         | payme                 | ibe any property or<br>ents received or debts<br>n exchange |        | ate transfer was<br>nade                      |  |  |  |  |  |
|     | Per   | son's relationship to you   |  |                         |                       |   |        |   |  |  |  |  |  |
| 19. | bene<br>=   | in 10 years before you filed for bankru<br>eficiary? (These are often called asset-pr<br>No |  | y property to a         | self-settle           | d trust or similar device                                   | e of v | which you are a                               |  |  |  |  |  |
|     |   | Yes. Fill in the details.   |  |                         |                       |   | _      |   |  |  |  |  |  |
|     | Nan   | ne of trust   | Description and v  | alue of the pro         | perty trans           | terred  |        | ate Transfer was                              |  |  |  |  |  |
| Par | t 8:  | List of Certain Financial Accounts, In  | nstruments, Safe Deposi  | t Boxes, and S          | torage Unit           | s   |        |   |  |  |  |  |  |
| 20. |   | in 1 year before you filed for bankrupt   | cy, were any financial ac  | counts or instr         | ruments he            | ld in your name, or for y                                   | your   | benefit, closed,                              |  |  |  |  |  |
|     | sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No  |   |  |                         |                       |   |        |   |  |  |  |  |  |
|     |   |   |  |                         |                       |   |        |   |  |  |  |  |  |
|     |   | ne of Financial Institution and Iress (Number, Street, City, State and ZIP                  | Last 4 digits of account number  | Type of acco instrument | unt or                | Date account was closed, sold, moved, or transferred        |        | Last balance<br>before closing or<br>transfer |  |  |  |  |  |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?  |   |  |                         |                       |   |        |   |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |  |                         |                       |   |        |   |  |  |  |  |  |
|     |   | ne of Financial Institution<br>Iress (Number, Street, City, State and ZIP Code)             | Who else had acc<br>Address (Number, S<br>State and ZIP Code)            |                         | Describe the contents |   |        | Do you still have it?                         |  |  |  |  |  |
| 22. | Have  | e you stored property in a storage unit   | or place other than your   | home within 1           | year befor            | e you filed for bankrup                                     | tcy?   |   |  |  |  |  |  |
|     |   | No<br>Yes. Fill in the details.   |  |                         |                       |   |        |   |  |  |  |  |  |
|     |   | ne of Storage Facility<br>Iress (Number, Street, City, State and ZIP Code)                  | Who else has or I<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                         | Describe              | the contents  |        | Do you still have it?                         |  |  |  |  |  |
| Par | t 9:  | Identify Property You Hold or Contro  | I for Someone Fise   |                         |                       |   |        |   |  |  |  |  |  |
| 23. | Do y  | ou hold or control any property that so omeone.   |  | ude any proper          | rty you borr          | owed from, are storing                                      | for,   | or hold in trust                              |  |  |  |  |  |
|     |   | No<br>Yes. Fill in the details.   |  |                         |                       |   |        |   |  |  |  |  |  |
|     |   | ner's Name<br>iress (Number, Street, City, State and ZIP Code)                              | Where is the prop<br>(Number, Street, City, S<br>Code)                   |                         | Describe              | the property  |        | Value   |  |  |  |  |  |
| Par |   | Give Details About Environmental Inf  |  |                         |                       |   |        |   |  |  |  |  |  |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 5 Case 18-20458 Doc 1 Filed 07/22/18 Entered 07/22/18 20:02:44 Desc Main Page 35 of 49 Case number (if known) Document

Debtor 1 **Sheryl Dixon** 

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

|     | haz   | ardous material, pollutant, contaminant,   | or similar term.   |       | ,,   | ,                  |  |  |  |  |  |  |
|-----|---|--|--|-------|--|--------------------|--|--|--|--|--|--|
| Rep | ort a   | all notices, releases, and proceedings that  | at you know about, regardless of wher                                      | n the | y occurred.  |                    |  |  |  |  |  |  |
| 24. | Has   | any governmental unit notified you that  | you may be liable or potentially liable                                    | und   | ler or in violation of an environme                      | ental law?         |  |  |  |  |  |  |
|     |   | No   |  |       |  |                    |  |  |  |  |  |  |
|     |   | Yes. Fill in the details.  |  |       |  |                    |  |  |  |  |  |  |
|     |   | me of site<br>dress (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | d     | Environmental law, if you know it                        | Date of notice     |  |  |  |  |  |  |
| 25. | Have you notified any governmental unit of any release of hazardous material? |  |  |       |  |                    |  |  |  |  |  |  |
|     |   | No<br>Yes. Fill in the details.  |  |       |  |                    |  |  |  |  |  |  |
|     |   | me of site<br>dress (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | d     | Environmental law, if you know it                        | Date of notice     |  |  |  |  |  |  |
| 26. | Hav   | re you been a party in any judicial or adn   | ninistrative proceeding under any envi                                     | ironn | mental law? Include settlements a                        | nd orders.         |  |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |  |       |  |                    |  |  |  |  |  |  |
|     | Case Title Case Number  |  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nat   | ture of the case   | Status of the case |  |  |  |  |  |  |
| Par | t 11:   | Give Details About Your Business or  | Connections to Any Business  |       |  |                    |  |  |  |  |  |  |
| 27. | Wit   | —<br>hin 4 years before you filed for bankrupt   | cv. did vou own a business or have an                                      | ıv of | the following connections to any                         | business?          |  |  |  |  |  |  |
|     |   | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?   A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time |  |       |  |                    |  |  |  |  |  |  |
|     |   | ☐ A member of a limited liability comp   | any (LLC) or limited liability partnersh                                   | ip (L | LP)  |                    |  |  |  |  |  |  |
|     |   | ☐ A partner in a partnership   |  |       |  |                    |  |  |  |  |  |  |
|     |   | ☐ An officer, director, or managing exc  | ecutive of a corporation   |       |  |                    |  |  |  |  |  |  |
|     |   | ☐ An owner of at least 5% of the voting  | g or equity securities of a corporation                                    |       |  |                    |  |  |  |  |  |  |
|     |   | No. None of the above applies. Go to F   | art 12.  |       |  |                    |  |  |  |  |  |  |
|     |   | Yes. Check all that apply above and fill   |  | S.    |  |                    |  |  |  |  |  |  |
|     |   | siness Name  | Describe the nature of the business  |       | Employer Identification number                           |                    |  |  |  |  |  |  |
|     |   | dress<br>mber, Street, City, State and ZIP Code)   | Name of accountant or bookkeeper   |       | Do not include Social Security in Dates business existed | iumber of frin.    |  |  |  |  |  |  |
| 28. |   | hin 2 years before you filed for bankrupt<br>citutions, creditors, or other parties.   | cy, did you give a financial statement t                                   | to an |  | de all financial   |  |  |  |  |  |  |
|     |   | No   |  |       |  |                    |  |  |  |  |  |  |
|     |   | Yes. Fill in the details below.  |  |       |  |                    |  |  |  |  |  |  |
|     | Ad  | me<br>dress<br>mber, Street, City, State and ZIP Code)   | Date Issued  |       |  |                    |  |  |  |  |  |  |
| _   |   | <b>=</b>   |  |       |  |                    |  |  |  |  |  |  |

Part 12: Sign Below

Case 18-20458 Doc 1 Filed 07/22/18 Entered 07/22/18 20:02:44 Desc Main Document Page 36 of 49

Sheryl Dixon Case number (if known)

□Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$500.00 toward the flat fee, leaving a balance due of \$3,500.00; and \$0.00 for expenses, leaving a balance due for the filing fee of \$345.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: July 22, 2018               | 0 1.          | 3                          |  |
|-----------------------------------|---------------|----------------------------|--|
| Signed:                           |               |                            |  |
| /s/ Sheryl Dixon                  |               | /s/ Chad M. Hayward        |  |
| Sheryl Dixon                      |               | Chad M. Hayward 6280182    |  |
|                                   |               | Attorney for the Debtor(s) |  |
| Debtor(s)                         |               |                            |  |
| Do not sign this agreement if the | amounts are b | olank.                     |  |

**Local Bankruptcy Form 23c** 

Case 18-20458 Doc 1 Filed 07/22/18 Entered 07/22/18 20:02:44 Desc Main Document Page 47 of 49

B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court Northern District of Illinois**

| In re | e Sheryl Dixon  |   | Case No.                                   |                                    |
|-------|---|---|--|------------------------------------|
|       |   | Debtor(s)   | Chapter                                    | 13                                 |
|       | DISCLOSURE OF COMPEN  | SATION OF ATTO  | RNEY FOR DE                                | EBTOR(S)                           |
| 1.    | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of  | of the petition in bankruptcy,                                  | , or agreed to be paid                     | to me, for services rendered or to |
|       | For legal services, I have agreed to accept   |   | \$   | 4,000.00                           |
|       | Prior to the filing of this statement I have received   |   |  | 500.00                             |
|       | Balance Due   |   | <b>\$</b>                                  | 3,500.00                           |
| 2.    | The source of the compensation paid to me was:  |   |  |                                    |
|       | ■ Debtor □ Other (specify):   |   |  |                                    |
| 3.    | The source of compensation to be paid to me is:   |   |  |                                    |
|       | ■ Debtor □ Other (specify):   |   |  |                                    |
| 4.    | ■ I have not agreed to share the above-disclosed competent  | nsation with any other person                                   | unless they are mem                        | bers and associates of my law firm |
|       | ☐ I have agreed to share the above-disclosed compensate copy of the agreement, together with a list of the name   |   |  |                                    |
| 5.    | In return for the above-disclosed fee, I have agreed to ren   | der legal service for all aspect                                | ts of the bankruptcy c                     | ease, including:                   |
|       | <ul> <li>a. Analysis of the debtor's financial situation, and rendered</li> <li>b. Preparation and filing of any petition, schedules, states</li> <li>c. Representation of the debtor at the meeting of creditors</li> <li>d. Representation of the debtor in adversary proceedings</li> <li>e. [Other provisions as needed]</li> </ul> | ment of affairs and plan which<br>s and confirmation hearing, a | n may be required;<br>nd any adjourned hea |                                    |
| 6.    | By agreement with the debtor(s), the above-disclosed fee  | does not include the following                                  | g service:                                 |                                    |
|       |   | CERTIFICATION   |  |                                    |
|       | I certify that the foregoing is a complete statement of any bankruptcy proceeding.  | agreement or arrangement for                                    | payment to me for re                       | epresentation of the debtor(s) in  |
|       | July 22, 2018   | /s/ Chad M. Hayw  | <i>r</i> ard                               |                                    |
| _     | Date  | Chad M. Hayward   | d 6280182                                  |                                    |
|       |   | Signature of Attorne Chad M. Hayward                            | •  |                                    |
|       |   | 50 S Main   |  |                                    |
|       |   | Ste. 200<br>Naperville, IL 605                                  | 540  |                                    |
|       |   | 312-867-3640 Fa   |  |                                    |
|       |   | Name of law firm  | omices.com                                 |                                    |

#### **United States Bankruptcy Court** Northern District of Illinois

| In re | Sheryl Dixon                              |   | Case No.                       |               |
|-------|---|---|--------------------------------|---------------|
|       |   | Debtor(s)                                 | Chapter 13                     |               |
|       | VI  | ERIFICATION OF CREDITOR N                 | MATRIX                         |               |
|       |   | Number of                                 | f Creditors:                   | 8             |
|       | The above-named Debtor(s (our) knowledge. | s) hereby verifies that the list of credi | itors is true and correct to t | he best of my |
|       |   | /s/ Sheryl Dixon                          |                                |               |

Amer Fst Fin 7330 W. 33rd Street Wichita, KS 67205

Cook County Treasurer 118 North Clark Suite 112 Chicago, IL 60602

FNA Elm LLC 120 North LaSalle Street Chicago, IL 60602

Illinois Department of Revenue PO Box 64338 Chicago, IL 60664

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101

Navient Solutions Inc 11100 Usa Pkwy Fishers, IN 46037

Peoples Engy 200 East Randolph Chicago, IL 60601

Pnc Bank, N.a. 1 Financial Pkwy Kalamazoo, MI 49009